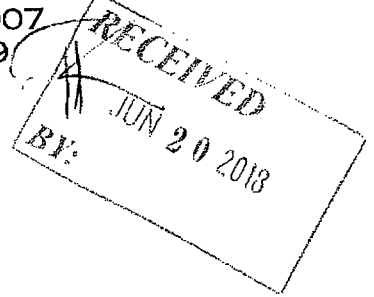


ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

VETBOARD.AZ.GOV



COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: June 20, 2018 Case Number: 18-123

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Danielle Strohacker
Premise Name: Bluepearl specialty and emergency pet hospital
Premise Address: 2260 West Glendale Ave.
City: Phoenix State: Arizona Zip Code: 85021
Telephone: 602-995-3757

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Sandra Dee Martensen
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: N/A Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Lala Martenson
Breed/Species: Canine/long-haired Chihuahua
Age: 2 yrs 5 mths Sex: Spayed female Color: Blue merle

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.
Megan K. Usiak-McBeth DVM 2260 West Glendale Ave. 602-995-3757
Selina M Velazquez DVM 2260 West Glendale Ave. 602-995-3757.
Akiko Mitsui ACVS DVM 4015 E. Cactus Rd. 602-765-3700.
Dalton Hindmarsh DVM 2260 West Glendale Ave. 602-995-3757.
Technician Haley 2260 West Glendale Ave. 602-995-3757.
Technician April 2 260 West Glendale Ave. 602-995-3757

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Brittany Irene martenson [REDACTED]
Kevin Joseph martenson [REDACTED]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Sandra D Martenson

Date: June 20-2018

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

See attached

On the evening of August 30th I brought my 6.5 lb chihuahua Lala in to Blue Pearl Specialty & Emergency Pet Hospital at approximately 6:30pm after being attacked by my two miniature Australian shepherd while I was washing my daughter's car with her. She was presented with pneumothorax from a lacerated trachea and covered in dog bite wounds and was in a non-responsive state. I am an 18 year surgical vet tech - when I came upon Lala in the living room where she was attacked I immediately placed my hand over her tracheal lacerations as I could see it was a severe open wound. I just knew to apply pressure to that wound in particular.

Megan K. Usiak-McBeth BVMS of Blue Pearl said injuries exceeded their abilities - asked if I willing to pay board cert. surgeon to come in and check thoracic & abdominal area - I approved this course of action and made a payment of \$14,775. Blue Pearl then called in Dr. Mitsui DACVS. At 12:26am August 31st Lala came out of surgery performed by Dr. Mistud doing well. Lala's 48 hour post-surgical instructions which were that she was to be hospitalized, critical with having a bandage change only every 24 hours; a tracheal compression bandage and a wet-to-dry tie-over bandage on her right flank wound. Dr. Mitsui also adamantly told me to not allow her plan to be changed and reiterated to me that she would not be there the following day as she was to work at a different hospital; if a different treatment plan was requested by Blue Pearl staff, I was to decline this treatment request.

On August 31st at 9:00 pm I was visiting Lala at Blue Pearl - she was excited and wagging her tail. I visited her for approximately 2 hours - I have included an attached photo taken at that time. That evening I work up abruptly at approximately 2:45am on September 1st and called the animal hospital at 3:02am and let them know that I was on my way to see Lala and asked how she was doing - the technician on the phone told me she was doing fine and she would see me shortly. When I arrived, I rang the bell and the technician came and let us in and told me they were busy in the back and she would be up in just one minute to let me in to visit Lala and I proceeded to sit in the waiting area for approximately 2 hours. During this time, my daughter and I saw a young man go up the lobby staircase using his cell phone who then went in to a room upstairs for approximately 15 minutes and came back through the lobby staircase and returned to a back treatment area, I didn't learn until October 3rd that this gentleman was Dr. Dalton Hindmarsh. At this point, I rang the bell to request to see Lala - I was told they were still busy and would be allowed to see her soon. at approximately 4:30 - 5:00am - Haley the technician came and got my daughter and I as we were walking to the back to visit Lala - Hailey told me they had instilled a pen-rose drain instead of the wet-to-dry tie-over bandage that was recommended by the board certified surgeon Dr. Mitsui as the staff at blue pearl "likes them better" - at that time, I could hear Lala gasping and crying out - I came around the corner to see her sternal, her eyes were no longer blue but were dark gray and her tracheal compression was removed and she was gasping and crying out in pain. At this point, we were only able to stay 30 minutes due to the stress it was causing my daughter. during the entirety of the time we waited in the lobby no one requested my permission for the procedure they were performing while I was at the hospital nor informed me of the very fact that any procedure was being performed at all let alone one that was unapproved and not conforming to the board certified surgeon Dr Mitsui's post-operative instructions.

- At home, I received a phone call from Dr. Selena Velasquez at 7:30am that they were performing CPR on Lala and if I would approve them to continue CPR - I answered NO and came to the hospital to visit. Selena Velasquez is the Dr. who came in to speak with me about why she felt Lala had passed away.
- I was very distraught due to the way Lala received her injuries and so it did not occur to me to request medical records until September 18th but I had uneasy feelings about the procedures that were performed on Lala while I was in the lobby.
- I was first given medical records for August 30th and 31st and told by the office manager, Tracy, that this was the entirety of Lala's record. At this point, I informed her that I was aware of the system.
- When I would call, technicians would put me on hold for up to 45 minutes or hang up on me, tell me they had no additional information to give me. I was told to seek pet bereavement counseling

as I was "unable to get over it" according to them. Management told me I was requesting "internal records"

- This continued until October 3rd at which point I contact the board certified surgeon Dr. Mitsui and informed her of what had transpired since her surgery 1 month earlier. She said she would call Blue Pearl and request them to give me the records. She did this but I still received a limited scope of documents (12 pages) but these documents did show that Dr. Dalton Hindmarsh was the doctor who performed the unauthorized, unnecessary and cruel procedures on Lala which caused her passing.
- The technician Haley told me she would request the Dr. in charge, Dr. Danielle Strohacker, to call me but I never received a phone call.
- I have email documentation of the dates these documents were provided.
- October 5th, 2017- I spoke with Dr. Dalton Hindmarsh and at that point he still did not provide any compassion or any reason why he performed the procedure he did on Lala.
- In mid-November Blue Pearl's liability malpractice insurance provided me a more thorough, yet incomplete, record of 52 pages including phone logs yet the records still show nothing for September 1st 2017.
- On October 19th 2017 Dr. Dalton Hindmarsh served me with an order of harassment due to posting reviews to Yelp, Yellow Pages, Facebook and other similar online services.
- On November 21st 2017 Dr. Dalton Hindmarsh served me with documents threatening to pursue me legally for defamation of character and intentional infliction of emotional distress due reviews posted to Yelp, Yellow Pages, Facebook and other similar online services.
- To date I have not received any additional medical documents from Blue Pearl nor any documents from September 1st, 2017 - the day Lala passed away at the facility.
- The instillation of a pen-rose drain was cruel and unnecessary; Lala was held down, awake and covered in bite wounds.

Danielle Strohacker, DVM
BluePearl Phoenix
2260 W. Glendale Ave.
Phoenix, AZ 85021

7/18/2018


Arizona State Veterinary Medical Examining Board
1740 W. Adams St., Ste. 4600
Phoenix, AZ 85007

Re: Case No. 18-123

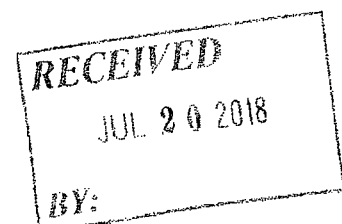
Dear Members of the Board,

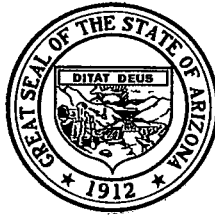
I have received your June 21, 2018 correspondence regarding the complaint made against me by Ms. Sandra Dee Martenson concerning the treatment of her dog, "Lala." Enclosed, please find a copy of the entire medical record for this patient and statements from Dr. Dalton Hindmarsh, Dr. Selena Velazquez and Dr. Megan Usiak. The communications between Ms. Martenson and other staff at BluePearl are included in the record.

During the time Lala was under the care of BluePearl I was not scheduled to work and was not in the hospital. I did not provide care to this patient directly or indirectly through any consultation. I was made aware of a client concern upon returning for my scheduled shift. After speaking with our practice manager, it was relayed to me that she and Dr. Hindmarsh had already spoken to Ms. Martenson regarding her concerns, therefore I did not contact her. If you need any additional information, please contact me.



Danielle Strohacker, DVM





ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, D.V.M. - Chair
Ryan Ainsworth, D.V.M.
Christina Tran, D.V.M.
Mary Williams
Carolyn Ratajack

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Michael Raine, Assistant Attorney General

RE: Case: 18-123

Complainant(s): Sandra Dee Martenson

Respondent(s): Danielle Strohacker, D.V.M. (License: 6234)

SUMMARY:

Complaint Received at Board Office: 6/20/18

Committee Discussion: 10/2/18

Board IIR: 11/21/18

APPLICABLE STATUTES AND RULES:

Laws as Amended July 2014

(Salmon); Rules as Revised September 2013 (Yellow).

On August 30, 2017, "Lala," a 2-year, 5-month-old, female Long-Haired Chihuahua was presented to Blue Pearl on emergency after being attacked by two dogs in the home. The dog was hospitalized and a boarded surgeon came in to perform abdominal exploratory and wound surgery.

On September 1, 2017, Dr. Hindmarsh assessed the dog's wounds and placed a Penrose drain due to extensive pocketing at the site of the flank wound. Later that morning, the dog arrested and CPR was initiated. Complainant was contacted, requested CPR to cease and the dog passed away.

Respondent is the responsible veterinarian for the premise.

Complainant was noticed and appeared.

Respondent was noticed and appeared telephonically. Attorney David Stoll appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Sandra Dee Martenson*
- Respondent(s) narrative/medical record: *Danielle Strohacker, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Akito Mitsui*
- Witness(es) statement: *Brittany and Kevin Martenson*

PROPOSED 'FINDINGS of FACT':

1. On August 30, 2017, 7:30pm, the dog was presented to Blue Pearl on emergency after being attacked by two other dogs in Complainant's home. Dr. Usiak-McBeth evaluated the dog and found her to be laterally recumbent with an obtunded to stuporous mentation. The dog was tachycardic, had decreased lung sounds, left eye scleral hemorrhage and muddy/cyanotic mucous membranes. There were wounds extending from her head, neck, along her left forelimb, thorax, abdomen and inguinal area. A critical assessment was requested and approved by the Complainant; the dog was started on IV fluids and analgesic therapy. A light neck wrap was placed due to concern for tracheal penetration and hemorrhage from her cervical region.

2. Approved thoracic radiographs revealed a mild pneumothorax but not severe enough to safely attempt removal. Radiologist interpretation showed a large volume of gas within the soft tissues surrounding the cervical region, thorax and abdomen. Pneumothorax was also found; no obvious cervical spinal mal-alignment was appreciated. Concern for air around the abdomen was also noted. Radiologist recommended wound explore to rule out thoracic and abdominal penetration.

3. Dr. Usiak-McBeth discussed the severity of the dog's wounds and her concern for multiple body cavity penetration, and severe cervical injury. It was stated several times, that despite all the best treatment provided, the dog still may not survive her injuries. Dr. Usiak-McBeth explained that studies have found that severe bite wound patients are at high risk for developing severe secondary complications such as systemic inflammatory response syndrome, multiple organ dysfunction syndrome, and even disseminated intravascular coagulopathies. Additionally, the majority of patients who do not survive were small dogs less than 10 kilograms. Complainant stated that she knew the risks. Dr. Usiak-McBeth recommended a boarded surgeon to come in for her wound explore and repairs if possible; Complainant approved.

4. Dr. Mitsui from Phoenix Referral and Veterinary Emergency Center was contacted. The extent of the dog's wounds was discussed and Dr. Mitsui agreed to come in for the surgical explore. Dr. Usiak-McBeth advised Complainant and provided her with an estimate for the boarded surgeon's emergency surgery, as well as multiple days in the hospital for the dog's post-op care. They again discussed that the dog may not survive given the severity of the dog's wounds despite surgery and treatment. Complainant understood and elected to proceed.

5. The dog was started on Unasyn, continuous rate infusion of Fentanyl, and crystalloid fluid therapy due to concern for compensated shock, continuous tachycardia and hyperlactatemia found on initial venous blood gas. Oxygen therapy was provided and the dog was placed on continuous ECG for monitoring.

6. The dog's care was transferred to Dr. Dribben and Dr. Mitsui arrived to perform the emergency exploratory surgery. She was to perform abdominal exploratory and exploratory of the wounds over the thorax, plus thoracotomy, if wound penetration into the thoracic cavity were found. Cervical wounds not near the thorax and other minor wounds were to be managed on a different day by the Blue Pearl doctors.

7. Dr. Mitsui reviewed the limited blood work (there was difficulty in collecting a decent sample), radiographs, treatment sheet and medical records available. Dr. Mitsui examined the dog; thoracocentesis was deemed not necessary by the emergency doctors and after examining the cervical wounds, she confirmed that cervical wound management would be needed at a later time, on a different day.

8. Dr. Mitsui spoke with Complainant and explained that after the surgery, the Blue Pearl doctors would continue the dog's wound management and care at their discretion. Complainant was aware of the goal of the surgery and the guarded prognosis. The cervical wound management would need to be addressed on a different day by Blue Pearl and other wounds would also need continued care.

9. Dr. Mitsui performed the surgery; penetration into the thoracic cavity was not found. The wounds were debrided, cleaned and they were either closed or partially left open. Abdominal exploratory revealed minor hemorrhage and bruising, but no abdominal penetration or obvious organ involvement. A flank wound was debrided and a tie-over bandage was applied. Devitalized subcutaneous fat from the dorsal cervical area was excised. There was no hemorrhage from the cervical wounds and they were not explored. After the surgery, Dr. Mitsui rounded the overnight emergency doctor, including the findings and what was performed. She advised that the cervical wound will initially need open wound management and likely serial debridement/exploratory as the wound declares itself. Minimal daily, if not more, bandage changes and wound management and assessment would be needed. Medication and heat support was also discussed and a soft cervical bandage was applied.

10. Dr. Mitsui spoke with Complainant and had the same discussion with her as she did with the overnight doctor. She gave Complainant a guarded prognosis as the full effects of the polytrauma may not manifest itself until 48 – 72 hours after the event. Dr. Mitsui again advised that the Blue Pearl doctors would continue the dog's care at their discretion. Complainant understood.

11. On August 31, 2017, Dr. Velasquez took over the dog's care in the morning. She evaluated the dog and noted tachycardia when handled, improving left thoracic lung sounds, and strong, synchronous femoral pulses. The dog was reluctant to walk, had a neck bandage in place with a tie-over bandage present in the right lateral inguinal region. There were various puncture wounds present, no free fluid or pericardial effusion noted on AFAST. Nasogastric tube was placed post-surgery with radiographic confirmation and CliniCare CRI was started. The dog tolerated the feedings throughout the day. The dog was currently on Unasyn, Pantoprazole, Cerenia, and Fentanyl CRI – no changes were made to the medications. The dog was then rounded to Dr. Hindmarsh for overnight care starting at 7:00pm.

12. Dr. Hindmarsh found the dog QAR, hemodynamically stable, normal vital signs and on supplemental oxygen overnight. The dog's pain was well controlled with a constant rate of infusion of fentanyl and she was receiving enteral nutrition via her nasogastric tube. Other medications included CRI Normosol-R, ampicillin/sulbactam, Cerenia, pantoprazole, and metoclopramide CRI.

13. At midnight, the dog was moved to a treatment table for a scheduled bandage change and she was administered a bolus of fentanyl. The tie-over bandage was removed and the wound explored with extensive pocketing found. There was no necrotic tissue or contamination present and Dr. Hindmarsh determined the wound was ready for delayed primary closure. Lidocaine was infused around the wound to provide local analgesia. A Penrose drain was placed as there was still pocketing and he did not want an abscess to form. Several sutures were placed to close the wound. Dr. Hindmarsh elected to not replace the bandage over the cervical wounds as there was minimal effusion and no subcutaneous emphysema. The dog remained stable overnight and the dog's care was transferred back to Dr. Velasquez around 7:00am (9/1/17).

14. At 3:00am (9/1/17), Complainant stated that she contacted Blue Pearl to let them know that she would be visiting the dog. When Complainant and her daughter arrived they rang the bell to announce their arrival. They were advised that the doctors and staff were busy but someone would be up shortly to let them visit the dog.

15. At approximately 4:30 – 5:00am, Complainant stated that staff brought her and her daughter back to visit the dog. At this time, they were advised that a Penrose drain had been placed instead of the tie-over bandage that was placed by Dr. Mitsui. Complainant stated that upon seeing the dog, she was gasping and crying out in pain. The tracheal bandage was removed. They were only able to stay for 30 minutes due to the stress Complainant's daughter was having by the condition of the dog.

16. At approximately 7:30am, according to Dr. Velasquez, while she and Dr. Hindmarsh were rounding, technical staff noted the dog was not breathing nor had a heartbeat. CPR was initiated; Dr. Velasquez contacted Complainant to advise her of what transpired and the dog was undergoing CPR. Complainant did not want the dog to suffer and requested CPR be stopped. Death was confirmed soon after. Complainant visited the dog; Dr. Velasquez spoke with Complainant and when asked, she thought the dog may have thrown a clot, causing the death of the dog, which can happen after trauma.

17. Complainant expressed concerns, that Dr. Hindmarsh had placed the Penrose drain while she and her daughter were in the lobby waiting to visit with the dog. Complainant did not authorize the placement of the Penrose drain and would have declined it due to the instructions of Dr. Mitsui. She claims Dr. Mitsui advised her to not allow her plan to be changed and if a different treatment plan was requested by Blue Pearl, she was to decline the treatment request. Additionally, Complainant believes the placement of the Penrose drain was cruel and unnecessary, as the dog was held down, awake and covered in bite wounds.

18. Complainant further expressed concerns that she has not received medical records surrounding the care and treatment of the dog for September 1, 2017.

COMMITTEE DISCUSSION:

The Committee discussed that there is no information when the medical records were requested and when they were sent to Complainant.

Respondent was not involved with the distribution of the medical records to Complainant.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

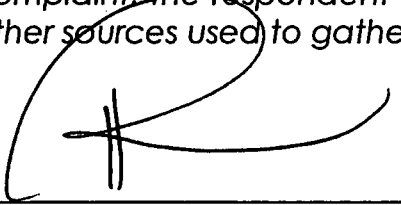
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, ~~the respondent's response~~, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in black ink, appearing to be 'TRACY A. RIENDEAU', written over a horizontal line.

Tracy A. Riendeau, CVT
Investigative Division